PTO/SB/06 (08-03)
Approved for use through 7/51/2008, QMB 0851-0032
U.S. Potent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
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| PATENT APPLICATION FEE DETERMINATION RECORD | | | | | | | App@ca/ | top or Doctyst N | umbes / |
|--|---|-----------|---|------------------|--------------------|------------------------|----------|--------------------|---|
| Substitute for Form PTO-876 | | | | | | | ПОТ | AVR. | <u> 590 </u> |
| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | SMALL | ENTITY | OR. | | R THAN ENTITY |
| FOR NUMBER FILED | | | NUMBER EXTRA | | RATE | FEE | | RATE | FEE |
| 8ASIC FEE (37 OFR 1.18(a)) 20 | | | | Basic | :385,0 | D _{OR} | | - | |
| TOYAL CLAIMS (37 CFR 1.16(q) | 0YAL CLAIMS 97 CFR 1.16(q) 2 0 minus 20 = | | 1. \ | | 1.9. | | OR | x s = | |
| INDEPENDENT CLAIMS (37 CFR 1,16(0)) A minus 3 | | mirus 3 4 | | | ×43. | | OR | X 8 • | |
| MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.18(47)) | | | | | 1145 | | OR | + 1 1 | |
| "If the difference in column 1 is less then zero, enter "O" in column 2. | | | | | TOTAL | 1385 | þ | TOTAL | |
| | | | | | | | | | |
| CLAIMS AS AMENDED - PART II | | | | | | | | | |
| (| Calumn 1) | | (Column 2) | (Cotumn 3) | SMALL | ENTITY | OR | SMALL | |
| \$ 408B | CLAIMS REMAINING AFTER MENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | ADOI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| Total (17 CF) LY(CF) | (8 | Minus | 20 | 1 | x: \ | | OR | x s= | 700 |
| Z Independent ** | 3 | Miras * | 3 | - | x: .\ | | OR | X 3 = | |
| FIRST PRESENTATION OF MILITIPLE DEPENDENT CLAIM (37 CFR 1.18(9)) | | | | | | | OR | | |
| | | | | | TOTAL ADD'L FEE | | OR. | TOTAL ADD'L FEE | |
| (Out | | | | | AUDITEE | | <u>.</u> | ADDLIFEE | |
| . / | CLAIMS | | (Cotumn 2) HIGHEST | (Cotumn 3) | | | 1 | | |
| 5 16/06 A | EMAINING AFTER MENOMENT | | NUMBER REVIOUSLY PAID FOR | PRESENT EXTRA | RATE | ADDI- TIONAL FEE | , | RATE | ADIDI- TIONAL FEE |
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| III po com t mono | 3 | Minus ~ | 73 | | x 8= | | OR | X 8 e | À |
| FIRST PRESENTATION OF MILLTIPLE DEPENDENT CLAIM (37 OFR 1.16(d)) | | | | | • • • | | OR | +3c | $\angle \setminus$ |
| $\frac{1}{1}$ | | | | | TOTAL ADD'L FEE | | OR | ADD'L FEE | |
| 125/06 (Cotumn 1) (Cotumn 2) (Cotumn 3) | | | | | | | | | |
| φ R | CLAIMS EMAINING AFTER MENDMENT | P | HIGHEST NUMBER REVIOUSLY PAID FOR | PRESENT EXTRA | RATE | ADGI- TIONAL FEE | | RATE | ADDI- TIZNAL FEE |
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| Z Independent (I) CHI L. May) | 7 . 1 | Minus | 3 | -/ | x | | OR | * 1 | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (27 CFR 1.1849)) | | | | | +: | | OR | •• | |
| TOTAL / TOTAL ADD'L FEE OR ADD'L FEE | | | | | | | | | |
| * If the entry in column 1 is less than the entry in column 2, with "O' in column 3, " If the "Hebest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20", | | | | | | | | | |
| "I the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "2". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". | | | | | | | | | |

B the Tegnest Number Previously Paid For In TRIS SPACE Is less thate 3, error 3.

The Teighest Number Previously Paid For If Total or independent) is the highest number found in the appropriate box in column 1.

This collection of Information is required by 37 CFR 1.16. The Information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to tate 12 minutes to complete, including gathering, preparing, and submitting the committed application form the USPTO. Time will vary depending upon the individual case. Any comments on the enound of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer. U.S. Patern and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, cell 1-800-PTO-9 $\rm i99$ and select option 2